

OPS-64 Appendix A

SAMPLE BANNING NOTICE
[Company/School/Business/Property LETTERHEAD]

BANNING NOTICE

Subject's Last Name First Middle Nickname

Subject's Address (street, city, state, zip code)

Sex DOB Height Weight Race Hair Eyes

Other descriptive features (scars, marks, tattoos) Driver's License # or Social Security #

You are hereby notified that you are NOT permitted onto the property known as _____
for a period of _____ month(s) (maximum twelve months):

_____ Involved in theft	_____ Harassment
_____ Intoxication	_____ False fire alarm
_____ Disturbance of public peace	_____ False report/statement
_____ Weapon violation	_____ Motor vehicle violation
_____ Alcoholic beverage law	_____ Verbal threats
_____ Sex offense	_____ Trespassing
_____ Assault/Battery/Fighting	_____ Indecent exposure
_____ Other violations of Criminal Law or County Code: _____	

Location of Incident: _____

Police Report# (Police Officer Printed Name and ID#) Date/Time

This action has been recorded and will be maintained on file by _____ and
will be made available to the Howard County Department of Police for the entire period of your exclusion. Your
failure to comply with this banning notice **WILL** result in your arrest for trespassing.

Signature of Management Representative (PRINTED NAME) Date/Time
Building Administrator

Signature of Person Banned (PRINTED NAME) Date/Time
(If the Banned individual refuses or unable to sign the Banning Notice, please provide witness information below).

Witness Signature (PRINTED NAME) Date/Time